



# Senator Pete V. Domenici United States Senator

## 2000 Summer Internship Application

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**School Address:**

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Permenant Address:**

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Hometown (City & State): \_\_\_\_\_ High School: \_\_\_\_\_

University: \_\_\_\_\_ Major: \_\_\_\_\_

Year(s) in College: \_\_\_\_\_ GPA: \_\_\_\_\_

Dates of school spring break: \_\_\_\_\_

Your location during spring break: \_\_\_\_\_

How did you hear about the internship: \_\_\_\_\_

Session Preference: \_\_\_\_\_ 1st Session \_\_\_\_\_ 2nd Session \_\_\_\_\_ No Preference  
(May 22nd - June 30th) (July 3rd - August 11th)

**For Additional Information:**

Lynden Armstrong

(202) 224-6621

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Please Submit this with your cover letter, resume and 2 letters of recommendation.